

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 9		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS (MR) FIRST MI Derek S. NICKNAME LAST SUFFIX Townsend Sr.		Date Received Received City Secretary Office Date: 10-5-10 Time: 3:50 PM.	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)		Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year 4 / 01 / 08 THROUGH 4 / 30 / 08			

- 6** EXPLANATION OF CORRECTION
- ① Prior Report had 1) missing Date Stamp Rec'd Form Cor-C/OH, Form C/OH cover sheet pg 1 & 2) No notary witness C/OH Cover sheet pg 2.
 - ② Correct Contribution Balance to include pol. contributions of \$50 or less. - 418 line #2
 - ③ Correct Actual Vendor Name and address.
 - ④ Correct Pol. Expense 4/21/08 to Agency Signs to include purpose.
 - ⑤ Clarify purpose of Pol. Expenditures 4/03/08 - Sam's Club, 4/03/08 - Office Depot, 4/07/08 - Office Depot, 4/15/08 - King Delivery, 4/19/08 - Office Depot
 - ⑥ Clarify name or address for 4/03/08 Post office, 4/15/08 Admirations, 4/19/08 Bank of America.

7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by DEREK TOWNSEND SR. this the 5 day of OCTOBER

20 10 to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

BETSY B. GATES
Printed name of officer administering oath

ASSIST. CITY SECRETARY
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">9</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>DEREK</u> FIRST MI NICKNAME LAST SUFFIX <u>Townsend Sr.</u>		OFFICE USE ONLY Date Received Received City Secretary Office Date: <u>10-5-10</u> Time: <u>3:50 P.M.</u> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>30618 Wm. Juergens Dr.</u> <u>Tomball, Tx. 77375</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(281) 357-1561</u>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Lisa</u> FIRST MI NICKNAME LAST SUFFIX <u>Townsend</u>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>30618 Wm Juergens Tomball, Tx. 77375</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(281) 357-1561</u>										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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11 ELECTION	<table style="width:100%;"> <tr> <td> ELECTION DATE Month Day Year <u>5 / 10 / 08</u> </td> <td> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year <u>5 / 10 / 08</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	<table style="width:100%;"> <tr> <td>OFFICE HELD (if any)</td> <td>13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td></td> <td><u>Council Pos. 1</u></td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		<u>Council Pos. 1</u>				
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <p>Name</p> <hr/> <p>Address / PO Box: Apt. / Suite #: City: State: Zip Code</p> <hr/>										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Derek S. Townsend Sr. 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

" This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. "

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 70.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3095.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 20.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5686.30

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

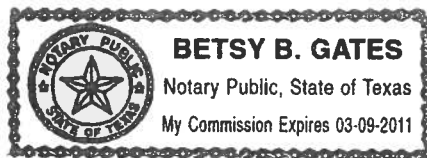
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4922.99

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEREK TOWNSEND SR., this the 5 day of OCTOBER, 2010, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

BETSY B. GATES

Printed name of officer administering oath

ASSIST. CITY SECRETARY

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-02-08

Office Depot

6 Payee address; City; State; Zip Code

14424 FM 2920 Tomball, TX 77377

\$ 133.05

8 Purpose of payment (See instructions regarding type of information required.)

postcards

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4-03-08

Sam's Club

Payee address; City; State; Zip Code

7950 W. FM 1960 Houston, TX 77070

\$ 44.06

Purpose of payment (See instructions regarding type of information required.) **campaign mailing labels and writing pads for meet and greets**

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4-03-08

Office Depot

Payee address; City; State; Zip Code

17711 Tomball Pkwy. Tomball TX 77064

\$ 151.50

Purpose of payment (See instructions regarding type of information required.) **campaign materials - envelopes for mail-out**

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4-07-08

Office Depot

Payee address; City; State; Zip Code

14424 FM 2920 Tomball, TX 77377

\$ 116.16

Purpose of payment (See instructions regarding type of information required.) **campaign materials - pens, index cards, plastic holder, binder, postcards, envelopes, labels**

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 6	
2 FILER NAME Derek S. Townsend Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-03-08	5 Payee name United States Postal Service (U.S.P.S.) 6 Payee address: City: State: Zip Code 122 N. Holderreith Tomball, TX 77375	7 Amount (\$) \$2173.00	
8 Purpose of payment (See instructions regarding type of information required.) postage for mail out (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 4-11-08	Payee name Agency Signs Payee address: City: State: Zip Code 314 Commerce Tomball, TX 77375	Amount (\$) \$ 284.00	
Purpose of payment (See instructions regarding type of information required.) campaign signs (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 4-15-08	Payee name Admirations Payee address: City: State: Zip Code 6615 Northridge Trace Spring, TX 77379	Amount (\$) \$ 26.16	
Purpose of payment (See instructions regarding type of information required.) Balance on t-shirts (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 4-17-08	Payee name HCN (Dotpauerri Newspaper) Payee address: City: State: Zip Code 825 Village Square Dr. Tomball, TX 77375	Amount (\$) \$415.38	
Purpose of payment (See instructions regarding type of information required.) Ad 4-23-08 (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-18-08	5 Payee name SignTex	7 Amount (\$) \$ 292.28
6 Payee address: City: State: Zip Code 1225 Alma Tomball, TX 77375		

8 Purpose of payment (See instructions regarding type of information required.)
campaign signs
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 4-18-08	Payee name Dominos Pizza	Amount (\$) \$ 40.88
Payee address: City: State: Zip Code 14057 FM 2920 Tomball, TX 77377		

Purpose of payment (See instructions regarding type of information required.)
campaign refreshments for workers
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 4-18-08	Payee name Agency Signs	Amount (\$) \$ 357.23
Payee address: City: State: Zip Code 314 Commerce Tomball, TX 77375		

Purpose of payment (See instructions regarding type of information required.)
campaign signs-magnetic
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 4-18-08	Payee name Office Depot	Amount (\$) \$ 81.74
Payee address: City: State: Zip Code 17711 Tomball Pkwy Tomball, TX 77375		

Purpose of payment (See instructions regarding type of information required.)
return of brochure materials
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-19-08**Office Depot**

6 Payee address: City: State: Zip Code

**14424 FM 2920
Tomball, TX 77375****\$129.8**

8 Purpose of payment (See instructions regarding type of information required.)

Labels for campaign

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4-19-08**Office Depot**

Payee address: City: State: Zip Code

**14424 FM 2920
Tomball, TX 77375****\$ 518.51**

Purpose of payment (See instructions regarding type of information required.)

**printer ink for
campaign literature & invitations**

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4-21-08**Agency Signs**

Payee address: City: State: Zip Code

**314 Commerce
Tomball, TX 77375****\$272.64**

Purpose of payment (See instructions regarding type of information required.)

campaign signs 12-2'x4'

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4-09-08**Bank of America**

Payee address: City: State: Zip Code

**1431 Graham Dr.
Tomball, TX 77375****\$60.00**

Purpose of payment (See instructions regarding type of information required.)

**checks for campaign
checking acct.**

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Derek S. Townsend Sr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-14-08	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 14424 FM 2920 Tomball, TX 77377	7 Amount (\$) \$ 90.90
8 Purpose of payment (See instructions regarding type of information required.) campaign brochure materials (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-15-08	Payee name King Dollar Payee address; City; State; Zip Code 27730 Tomball Pkwy, Tomball, TX 77375	Amount (\$) \$ 51.92
Purpose of payment (See instructions regarding type of information required.) campaign supplies - patriotic pens for supporters (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-18-08	Payee name Office Depot Payee address; City; State; Zip Code 14424 FM 2920 Tomball, TX 77375	Amount (\$) \$ - 16.23
Purpose of payment (See instructions regarding type of information required.) return campaign supplies (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-26-08	Payee name Blueberry Patch Payee address; City; State; Zip Code 23227 Snook Ln. Tomball, TX 77375	Amount (\$) \$ 54.20
Purpose of payment (See instructions regarding type of information required.) campaign meeting (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME **Derek S. Townsend Sr.**

3 ACCOUNT # (Ethics Commission files)

4 Date 4-27-08	5 Payee name Pizza Hut	7 Amount (\$) \$ 75.47
6 Payee address: City: State: Zip Code 1211 W. Main Tomball, TX 77375		

8 Purpose of payment (See instructions regarding type of information required.) campaign worker lunch (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 4-28-08	Payee name Agency Signs	Amount (\$) \$ 108.25
Payee address: City: State: Zip Code 314 Commerce Tomball, TX 77375		

Purpose of payment (See instructions regarding type of information required.) Campaign Banner (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 4-24-08	Payee name Office Depot	Amount (\$) \$ 70.32
Payee address: City: State: Zip Code 14424 FM 2920 Tomball, TX 77375		

Purpose of payment (See instructions regarding type of information required.) materials for magnetic signs and paper (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 4-24-08	Payee name HCN (Potpourri Newspaper)	Amount (\$) \$ 415.38
Payee address: City: State: Zip Code 825 Village Square Dr. Tomball, TX 77375		

Purpose of payment (See instructions regarding type of information required.) Ad 4-30-08 (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED